

## **Shiatsu Intake Form**

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**Date :**

**Full name :**

**Pronouns :**

**Date of Birth:**

**Phone number :**

**Email address :**

**Emergency contact (name & phone number) :**

**What is your primary reason/goal for this shiatsu session? :**

**Have you received any therapies or treatments for the condition or health goal above?  
If you want, please share how these treatments have worked/are working. :**

**If there is anything you would like to note about your recent mood, emotional state,  
stress level, sleep patterns, etc. please share (optional) :**

**Please describe any significant injuries or health conditions you've had in the past :**

**Please list any surgeries you've had in the past :**

**Do you have any allergies (for example. chemicals, mold, dust, pollen, food)? :  
If yes, please describe :**

**Are you currently taking any medications or supplements?**